



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E379407**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	14-02945
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

TRIBAL RESERVATION	
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DATE OF COLLISION	11 - 24 - 2014	TIME (2400)	1629	COUNTY #	31	MILES		N		E		IN	<input checked="" type="checkbox"/>	CITY #	0664
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ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>		
STATE ROUTE 9 NE	BLOCK NO. <input checked="" type="checkbox"/>	2300	MILE POST	

DISTANCE		MILES	<input type="checkbox"/>	N	<input type="checkbox"/>	E	<input type="checkbox"/>	OF (REFERENCE OR CROSS STREET)	
		FEET	<input type="checkbox"/>	S	<input type="checkbox"/>	W	<input type="checkbox"/>		

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	PHONE	
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LAST NAME	JOSS	FIRST NAME	JACK	MIDDLE INITIAL	D
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STREET NEW ADDRESS	6023 83RD AVE NE
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CITY	MARYSVILLE	ST	WA	ZIP	982707013
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	JOSS*JD036M5	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	07	25	1997
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	ASA2658	STATE	WA	VIN#	WAUDC68D11A001217
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2001	MAKE	AUDI	MODEL	A44D	STYLE	4D	VEHICLE TOWED	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. DOUGLAS JOSS 6023 83RD AVE NE MARYSVILLE WA 98270

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	ESSURANCE INSURANCE CO PAW A-005006009			
VEHICLE LEGALLY STANDING	YES <input type="checkbox"/>	NO <input type="checkbox"/>	CITATION #		CHARGE	



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	PHONE	D: 2084033229
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LAST NAME	ROBERTS	FIRST NAME	HEATHER	MIDDLE INITIAL	
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STREET NEW ADDRESS	12320 38T ST NE #B
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL	D	RESTRICTIONS	B	ENDORSEMENTS	
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DRIVER'S LICENSE #	LA222591B	STATE	ID	SEX	F	D.O.B.	MMDDYYYY	06	04	1987
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	1M80085	STATE	ID	VIN#	KMHU4AD0AU846200
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2010	MAKE	HYUN	MODEL	ELANTRA	STYLE		VEHICLE TOWED	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	FARMERS 75 19381-26-61			
VEHICLE LEGALLY STANDING	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	CITATION #		CHARGE	



OFFICER'S NAME (PRINT)	DENNIS IRWIN	BADGE OR ID #	105	AGENCY	WA0311900
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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO.

**E379407**

CASE #

**14-02945**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME

(LAST, FIRST, MIDDLE INITIAL)

**KAIN JANELLE W**

ADDRESS & PHONE #

**9506 2ND ST SE # 2 LAKE STEVENS WA 982583917**

SEX

**F**

D.O.B.

MMDDYYYY

**04**

**07**

**1998**

PASSENGER



WITNESS



UNIT #

**1**

SEAT  
POS.

**3**

AIRBAG

**2**

RESTR.

**4**

EJECT

**1**

HELMET  
USE

INJURY  
CLASS

**1**

NATURE OF INJURIES

NAME

(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.

MMDDYYYY

PASSENGER



WITNESS



UNIT #

SEAT  
POS.

AIRBAG

RESTR.

EJECT

HELMET  
USE

INJURY  
CLASS

NATURE OF INJURIES

NAME

(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.

MMDDYYYY

PASSENGER



WITNESS



UNIT #

SEAT  
POS.

AIRBAG

RESTR.

EJECT

HELMET  
USE

INJURY  
CLASS

NATURE OF INJURIES

NARRATIVE

UNIT #2 was stopped in traffic southbound on the 2300 block of SR 9 prior to Lundeen Parkway.  
UNIT #1 was also southbound on SR 9 approaching UNIT #2 from behind and began to stop.

UNIT #1 failed to notice UNIT #2 had not yet moved forward as traffic began to flow and struck UNIT #2 from behind.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**DENNIS IRWIN**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

**11-25-14 12:14 PM**

DATED

PLACE SIGNED

APPROVED BY

**SGT. C. VALVICK 71**

DATE

**12/1/2014 4:18:58 PM**

BADGE OR ID #

**105**

ORI #

**WA0311900**

TIME POLICE DISPATCHED

**4:31 PM**

TIME POLICE ARRIVED

**4:42 PM**

**PART B**

3000-345-160 R (7/06)

PAGE

**2**

OF

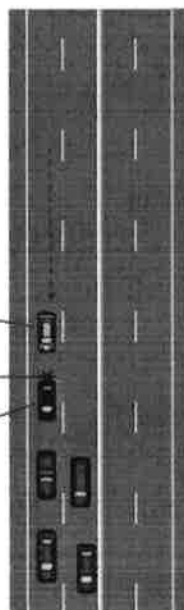
**3**

“ not to scale ”

UNIT #1

impact point

UNIT #2



2300 block State Route 9



005MPH

# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER

14-02945

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) JACK JOSS	RACE W	ETH C	SEX M	DOB	AGE 17	HGT 5'9"	WGT 127	HAIR Brown	EYES Blue
STREET ADDRESS 6033 83rd Ave NE		CITY Marysville			STATE WA		ZIP 98270		RES. STATUS	
HOME PHONE 560 657 5892		CELL PHONE 425 923 5166			PLACE OF EMPLOYMENT					
WORK PHONE		EMAIL ADDRESS djm4th@gmail.com								

I, JACK JOSS, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was braking to a light tha has recently turned green and the car in front of me had not accelerated enough and I applied brakes but not in time to avoid collision

DESPD AL

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>JACK JOSS</u>	DATE SIGNED 11-24-2014	LOCATION SIGNED Hwy 19 / Lundeen Pkwy
OFFICER NUMBER: #105	DATE SIGNED 11/24/14	LOCATION SIGNED LAKE STEVENS, WA

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

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# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER

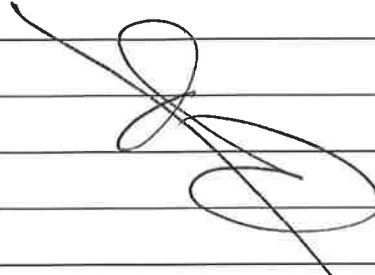
14-02945

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Roberts, Heather J	RACE C	ETH	SEX F	DOB 6/4/87	AGE 27	HGT 5'6	WGT 130	HAIR BR	EYES GR
STREET ADDRESS 12320 30th St NE B		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE 208-403-3229		CELL PHONE 11		PLACE OF EMPLOYMENT						
WORK PHONE		EMAIL ADDRESS								

I, Heather Roberts, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was sitting at a red light ~~at~~ behind several cars when I got hit from behind. We had all slammed on our breaks, and I was starting to go again before getting hit.



LSPD  
ORIGINAL

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Heather Roberts</u>	DATE SIGNED 11-24-2014	LOCATION SIGNED Lake Stevens
OFFICER/NUMBER: <u>[Signature]</u> #105	DATE SIGNED 11/24/14	LOCATION SIGNED LAKE STEVENS, WA

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 01 of 1

Case Numbers: \$SS14002945  
Entered 11/24/14 16:29:22 BY SPCT03 SP0027  
Dispatched 11/24/14 16:30:29 BY SPD17 SP0386  
Enroute 11/24/14 16:30:29  
Onscene 11/24/14 16:42:16  
Closed 11/24/14 17:25:09

Initial Type: COL Initial Alarm Level: Final Alarm Level:  
Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H  
Police BLK: SS001 Fire BLK: AG1618 Map Page: 377E-6 Group: SS1 Beat: NORT  
Src: T  
Loc: LUNDEEN PARK WY/SR 9 NE , LKS (V)

Loc Info: NO LUNDEEN ON SR 9  
Name: ROBERT, HEATHER Addr: Phone: 2084033229

/1629 (SP0027) ENTRY , CC NON INJ NON BLKING-PULLED TO SHOULDER BLK HU  
ND ELANTRA VS SIL AUDI  
/1630 (SP0386) AGCADV , BCST  
/1630 DISPER 19D1 #SS94 THOMAS, DET (DEAN)  
/1631 ASSTER 19S15 [LUNDEEN PARK WY/SR 9 NE , LKS]  
#SS105 IRWIN, OFFICER (DENNIS)  
/1636 (SP0371) SUPP TXT: RP CB, STILL WAITING  
/1637 (SP0386) CLEAR 19D1  
/1642 ASNCAS 19S15 \$SS14002945  
/1642 ONSCNE 19S15  
/1647 (\*\*\*\*\*) REMINQ 19S15 1M80085  
/1647 (SP0386) REMINQ 19S15 LIC, 19S15, 1M80085, , ,  
/1647 REMINQ 19S15 VEH, 19S15, 1M80085, ID, , , , , , 2014, PC, , , , , X, , , , ,  
/1720 (SP0380) \$PREMPT 19S15  
/1725 (SP0386) CLOSE 19S15

LSPD  
ORIGINAL